PTO/SB06 (08-03)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | | Asplication or Order Number 09/832232 | | |
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| CLAIMS AS FILED — PART I (Column 1) (Column 2) | | | | | | | ENTITY | QR. | | R THAN ENTITY |
| | FOR | NUMBE | NUMBER FILED | | NUMBER EXTRA | | FEE | | RATE | FEE |
| | IC FEE CFR 1.15(0)) | | | | | | <u></u> | OR | | |
| | AL CLAIMS OFR 1.18(d) | | minus 20 | | | x s= | | OR | X 1= | |
| | PENDENT CLAIM OFR 1,16(b)) | es . | minus 3 • | | | x 6 • | | OR | × 4• | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.15(d)) | | | | | +80 | | OR | +1 | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | TOTAL | | OR | TOTAL | | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | |
| 9-6-05 (Cotumn 1) (Cotumn 2) (Cotumn 3) | | | | SMALL I | ENTITY | OR | | R THAN ENTITY | | |
| ENT. | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | AGOI- TICNAL FEE |
| NON | Total (17 CFR 1.16(ct) | 15 | Minus | 53 | • | x \$= | | OR | X 50 | |
| | Independent (37 CFR 1.16(x)) | 15 | Minus | <i>"23</i> | •— | . x s = | | OR | , 1° | |
| AM | FIRST PRESENT | ATION OF MULTIPLE | E OEPENDEN | TCLAIN (37 CF | R 1.18(4)) | +5 5 | | OR | +;= | |
| NIOSIN | | | | | | TOTAL ADD'L FEE | t | OR | TOTAL ADDL FEE | |
| 01 00 00 00 00 00 00 00 00 00 00 00 00 0 | | | | | | | | | | |
| ENT | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADOI- TIONAL FEE |
| MENDME | Total (D) OFR LINKS) | . 15 | Minus | 53 | ·Ø | × 5 | | OR | ×.50 | 0 |
| | Independent (37 CFR 1,16(kg) | 15 | Minus | 23 | 0 | x s • | | OR | *5200 | 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(47)) | | | | | | +, . | | OR | +1 • | |
| 10/19/20 | | | | | | TOTAL ADOL FEE | | OR | TOTAL ADOL FEE | 0 |
| \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 1301 | (Column 1) CLAIMS | $\overline{}$ | (CONTINUE) | (Catuma 3) | | | 1 | | |
| ENT | • | REMAINING AFTER AMENDMENT | | NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total (37 OFR 1.18(ct) | .19 | Minus | 53 | 7 | xa | | OR | x s | , |
| AMENDM | independent (37 GFR 1,150g) | · 1a | Minus | - a3 | ./ | X 8 | | OR | ·x s= | |
| Ą | PIRST PRESENT | ATION OF MULTIPU | E DEPENDEN | 17 CLAIM (37 CF | A 1.15(d)) | - +1 | | OR | + ;• | |
| | | | | | | TOTAL ADOL FEE | | OR_ | TOTAL ADD'L FEE | |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the entry in column 1 is less than the entry in column 2 write "0" in column 3. If the entry in column 1 is less than the entry in column 2 write "0" in column 3. If the entry in column 1 is less than the entry in column 2 write "0" in column 3. If the entry in column 1 is less than the entry in column 2 write "0" in column 3. If the entry in column 1 is less than the entry in column 2 write "0" in column 3. If the entry in column 1 is less than the entry in column 2 write "0" in column 3. If the entry in column 1 is less than the entry in column 3 write "0" in column 3. If the entry in column 1 is less than the entry in column 3 write "0" in column 3. If the entry in column 1 is less than the entry in column 3 write "0" in column 3. If the entry in column 1 is less than the entry in column 3 write "0" in column 3. If the entry in column 1 is less than the entry in column 3 write "0" in column 3. If the entry in column 1 is less than the entry in column 3 write "0" in column 3 | | | | | | | | | | |

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

"The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This coffection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This coffection is estimated to take 12 minutes to complete, including gathering, preparing, and automitting the completed application form to the USPTO. This will very depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petern and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and salect option 2.